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CONFIRMATION NO. 9428

SERIAL NUMBER 10/688,846	FILING DATE 10/17/2003  RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. (10000/210 PA- 5357-RFB)		
<b>APPLICANTS</b>  Stephen E. Deal, Charlotte, NC;  David F. Waller, Charlotte, NC;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/419,550 10/18/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2004</b>						
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	Allowance <i>[Signature]</i> Examiner's Signature	<i>AT</i> Initials	STATE OR  COUNTRY NC	SHEETS  DRAWING 2	TOTAL  CLAIMS 45	INDEPENDENT  CLAIMS 7
<b>ADDRESS</b> 00757 BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO , IL 60610						
<b>TITLE</b> Physician access system						
FILING FEE  RECEIVED 1694	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )			

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